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The BOP Addiction Service Opioid Substitution Treatment (OST) First Dose and Stabilisation for Buprenorphine and Naloxone

Te Whatu Ora
 Health New Zealand
 Hauora a Toi Bay of Plenty

Everyone who enters BOPAS OST (apart from those transferring from elsewhere) will go through the following processes.

An OST staff member will send an appointment letter, informing you of the following:

- initial/comprehensive assessment appointment time
- allocated case manager's name
- what to bring with to the initial/comprehensive assessment appointment:
 - proof of address e.g., power or telephone bill
 - 2 x forms of identification e.g., driver's licence, or community services card

Case manager assessment or initial assessment (one or more appointments) to discuss:

- Pharmacy: identify a seven-day pharmacy who will be willing to dispense your OST – preferably one that is close to where you live.
- GP: identify a GP that can be authorised by the BOPAS Medical Officer to prescribe OST (this is for clients who are eligible for GP Shared Care).
- Urine drug screen: you will be asked to give a urine sample for testing (this may need to be observed). An appointment to see the Medical Officer can be made once the results from the urine drug screen have been received.
- Relevant Client Information Sheets will be discussed with you.
- Your case manager ensures that you have the necessary information for you to give your informed consent for OST. You will be given a contract/consent to read and sign. If you have any questions or are unclear about anything, ask your case manager to explain before you sign it.

Medical assessment – Medical Officer

- You must see the Medical Officer at BOPAS before you can go on OST with BOPAS.
- The medical assessment will take approximately one hour.
- During the first month you may have more than one appointment with the Medical Officer.

The first dose process

After you have completed the Case Manager and Medical Officer assessments, your Case Manager will present your case at the weekly OST team meeting. If OST treatment is assessed as being appropriate for you and you have given your consent, a date will be determined for you to receive your first dose.

A stable dose of buprenorphine/ naloxone can be established relatively quickly and can be titrated more quickly than methadone.

Buprenorphine/ naloxone) will displace other opioids from opioid receptors but has less opioid effect. It can therefore precipitate withdrawal symptoms if given while other opioids are still active. BOPAS will not give the first dose of buprenorphine until we observe objective signs of mild to moderate opioid withdrawal (such as anxiety, abdominal pain or joint pain, sweating).

BOPAS staff will use the Clinical Opioid Withdrawal Scale (COWS) to assess your withdrawal symptoms.

You will be assessed on the morning of the date chosen for your induction to OST using the COWS. Assuming you are in enough withdrawals (your case manager will tell you by using the COWS and following discussion with you). If you are not in enough withdrawals ie: if you do not score high enough on the COWS, you may be asked to return after a few hours and will be re-assessed. When you are in enough withdrawals:

- You will be asked to go to the local pharmacy to consume your first dose. Then you may be asked to return to see your case manager to be re-assessed for precipitated withdrawals, which may occur if you still have opioids in your system.
- If precipitated withdrawals occur, you will be given more buprenorphine/ naloxone. This increase will stop the precipitated withdrawals. Please do not be tempted to use other opioids at this time, this will only make your withdrawals worse.
- The medical officer and the case manager will discuss whether you would benefit from more buprenorphine/ naloxone on the first day. Because bup/nal is a partial agonist and not a full agonist like methadone, it is safe to increase the dose more rapidly than with methadone. Please discuss this with your case manager if you are unsure what this means for you.
- Over the first 3-4 days, your dose will be increased as needed following discussion between you, the MO and your case manager. An increase can be done quickly as the script will tell the pharmacist that they may increase the dose they dispense to you up to the maximum dose of 32mg. Your case manager will discuss this with you.
- You will be monitored regularly by your case manager once you attain stability on OST.

The stabilisation phase

- The people who will be involved in the stabilisation phase of your treatment include: case manager, BOPAS medical officer, pharmacist and the OST administrator.
- At the stabilisation phase of treatment your case manager will work with you to set goals, develop a treatment plan and monitor your OST. At this stage your treatment planning will include issues such as:
 - Harm reduction strategies i.e., look at injecting drug use (IDU) and other drug use
 - Identifying barriers to stabilisation (e.g., legal, financial etc.), assisting clients to access appropriate support/resources
 - Relapse prevention strategies e.g., identifying triggers/cravings and developing a plan
 - Care co-ordination e.g., GP, pharmacist, and other community organisations (budget advice, Providing Access to Health Solutions (PATHS)).

During this phase your case manager also:

- advocates on your behalf at OST case management meetings and with other services/community agencies to support you in achieving your treatment goals,
- promotes the involvement of support people in your treatment,

- seeks to ensure the safety and protection of children and other dependents,
- on first entering treatment your case manager will see you at least:
 - weekly for the first month
 - then monthly once stabilised

When you've reached an optimal dose of OST and have achieved most or all the stabilisation goals in your treatment plan, you will review your goals and develop a new plan with your case manager, this will also mean that you will be going onto the next phase, maintenance (See: Information Sheet 5. The Maintenance Phase).

If you need more information about the stabilisation phase of your treatment or any other aspect of BOPAS OST, ask your case manager or discuss this with the Medical Officer at your next medical assessment/ appointment.

*Te Whatu Ora Hauora a Toi Bay of Plenty has an active commitment
to the Treaty of Waitangi and the improvement of Māori health.*

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